

## ANNUAL REPORT TO OLAW

INSTITUTION:	
REPORTING PERIOD:	ASSURANCE NUMBER:

This Institution's Institutional Animal Care and Use Committee (IACUC), through the Institutional Official, hereby provides this Annual Report to the Office of Laboratory Animal Welfare (OLAW).

### 1. PROGRAM CHANGES (Select A. or B. only)

☐ **A.** There have been **no changes** in this Institution's program for animal care and use as described in the Assurance (Go to Item 2.)

☐ **B.** [Change\(s\) in this Institution's program for animal care and use as described in the Assurance have occurred during this reporting period](#) (Select all that apply):

- ☐ This Institution's AAALAC accreditation status has changed (PHS Policy IV.A.2.).

The **entire** animal care and use program is now:

☐ [AAALAC Accredited](#) (Category 1)    ☐ Non-Accredited (Category 2)

- ☐ This Institution's program for animal care and use has changed (PHS Policy IV.A.1. a-i).

(Please attach a full description of such changes).

- ☐ The individual designated by this Institution as the Institutional Official has changed.

(Please attach name, title(s), address, email, telephone and fax number).

- ☐ The Chairperson of this Institution's IACUC has changed.

(Please attach name, title(s), address, email, telephone and fax number).

- ☐ The membership of this Institution's IACUC has changed.

(Please attach a new roster of members).

### 2. SEMIANNUAL EVALUATIONS

This IACUC has conducted semiannual evaluations of the Institution's program and inspections of the Institution's facilities (including satellite facilities) on the following dates. Reports of the evaluations and inspections have been submitted to the Institutional

Official. If significant and/or minor deficiencies were identified, a plan and schedule for correction of each was included in the reports.

**A. Program Evaluations:** Two dates (month/day/yr) must be provided to satisfy the Policy requirement that evaluations be done at six month intervals. If the IACUC conducted more than two evaluations of the program during the reporting period, please attach a list showing the dates.

Date 1:		Date 2:	
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**B. Facility Inspections:** Two dates (month/day/yr) must be provided to satisfy the Policy requirement that facility inspections be done at six month intervals. If the IACUC conducted more than two inspections of each site during the reporting period, please attach a list showing the dates.

Date 1:		Date 2:	
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**3. MINORITY VIEWS** (Select A. or B.)

- ☐ **A.** There were **no minority** views during this reporting cycle.
- ☐ **B.** Any minority views submitted by members of the IACUC regarding reports filed under Section IV.F. of the PHS Policy for this reporting cycle are attached.

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Chairperson, IACUC  
Name:  
Date:

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Institutional Official  
Name:  
Date:




\* Names of members, **other than the chairperson and veterinarian**, may be represented by a number or symbol in this submission to OLAW. Sufficient information to determine that all appointees are appropriately qualified must be provided and the identity of each member must be readily ascertainable by the institution and available to authorized OLAW or other PHS representatives upon request.

NOTE: Non-voting members must be so identified.

**\*\* - [PHS Policy](#) Membership Requirements:**

- Veterinarian* - a veterinarian with direct or delegated program responsibility
- Scientist* - a practicing scientist experienced in research involving animals
- Nonscientist* - a member whose primary concerns are in a nonscientific area (e.g. ethicist, lawyer, member of the clergy)
- Nonaffiliated member* - a member who is not affiliated with the institution in any way other than as a member of the IACUC, and who is not a member of the immediate family of a person who is affiliated. This member is expected to represent general community interests in the proper care and use of animals and should not be a laboratory animal user. A consulting attending veterinarian may not be considered nonaffiliated.